

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561084

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4		0		/		
5		0		/		
6		0		/		
7		0		/		
8		0		/		
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11		0		/		
12		0		/		
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17		0		/		
18		0		/		
19	/		/			
20	/		/			
21		2		/		
22	/		/			
23		0		/		
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47	/		/			
48		0		/		
49		0		/		
50		0		/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		/		
52		0		/		
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←	6 48	←		←	
TOTAL CLAIMS		54				